Department of Children and Families Care4KidsEnrollment Process Final Email Templates 03-10-14

Email Templates for the Primary Child Welfare Worker

The Primary Child Welfare Worker is expected to email the information from the correct template to the Enrollment Specialist and Children's Community Health Plan (CCHP) Health Care Coordination Team when any of the scenarios occur for a child enrolled in Care4Kids. The Primary Child Welfare Worker can refer to the Care4Kids Enrollment Process for further explanation of the templates.

Enrollment Specialist Email Address: <u>Care4kids@automated-health.com</u>
CCHP Health Care Coordination Team Email Address: Care4kids@chw.org

1. Re-Enrollment Template
Date parent's requested enrollment:
Child's full name (first, middle, last): Child's DOB:
Child's Medicaid ID:
I have reviewed the eligibility criteria below for enrollment in Care4Kids and confirmed
the child is:
Check appropriate box(es)
☐ Eligible
Not Eligible Child not placed in a Residential Care Center, Secure Facility or Mantal Health Institution
 Child not placed in a Residential Care Center, Secure Facility or Mental Health Institution Child is placed by and in one of the six counties (Milwaukee, Kenosha, Racine, Ozaukee,
Washington, and Waukesha)
Child is Not participating in Milwaukee WrapAround
Child Remains in Out of Home Care
2. Child Become Ineligible Template
Date child became ineligible for Care4Kids:
Child's full name (first, middle, last): Child's DOB:
Child's Medicaid ID:
Check appropriate box(es)
No longer resides in one of the six counties
Resides in an ineligible setting
(Residential Care Center, Secure or Institutional Setting)
Has a parent/legal guardian who requested disenrollment
Has enrolled in Milwaukee Wraparound
Has enrolled in Family Care or IRIS
3. Adoption or Transfer of Guardianship Template
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Date of transfer of guardianship or adoption:
Child's full name (first, middle, last): Child's DOB:
Child's Medicaid ID:
Does the child continue to reside in one of the six counties? \(\sim\) Yes \(\sim\) No